



# TRANSMITTAL FORM

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First Named Inventor:	Aharoni, et al
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## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Authorization for the Commissioner to charge Deposit Account No. 05-0889 for fees associated with this transaction (in duplicate)	<input type="checkbox"/> Assignment <input type="checkbox"/> Recordation Cover Sheet	<input type="checkbox"/> Petition for Revival of an Unintentionally Abandoned Application [37 CFR 1.137(b)] (in duplicate)
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## SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

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